

Contraception: The Pill Needs to Share (or Move Over) – Frankly Speaking EP 17

Transcript Details

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Dr. Frank Domino

A 16-year-old female presents with a common concern. She is sexually active and she does not want her parents to know she's on birth control. She has a friend who has an IUD and she thinks she wants the same. Welcome to Frankly Speaking. With me today is Jill Terrien, PhD. She is the director of the Family Nurse Practitioner program at the University of Massachusetts Medical School Graduate School of Nursing here in Worcester, Massachusetts. And today we're going to be talking about long-acting contraception. Jill, can you tell us a little bit more about LARCs? What they are and if they're effective for teenagers?

Jill Terrien:

Absolutely, Frank. So LARCs are long-acting reversible contraceptive methods. It includes two devices: Intrauterine devices and contraceptive implants, and they are highly effective up to 99%. Basically, one in 100 women would get pregnant if they use these devices. So, they are highly effective.

Dr. Domino:

That's terrific.

Jill Terrien:

So, I want to focus on our patient, our 16-year-old and it's common that they want to do what

their friends do. They learn from their friends. So, ultimately I'd like to have the 16-year-old in my office and talk to her about what these actual intrauterine devices are and what her knowledge base is, and I would also encourage her to bring her parent with her to the appointment, in a perfect world.

Dr. Domino:

Well, let's assume that you're going down the path of looking at a long-acting agent. For years the traditional school of thought was that IUDs, in particular, might have some safety concerns. Can you tell us a little about what those concerns were and if they've been recently born out in the literature?

Jill Terrien:

The thinking had been in the past that there was an increase in PID or infection in women that had not had a child. And now the research has demonstrated that that is not the case, that the infection rate is not any different with IUDs than any other contraceptive method.

Dr. Domino:

Great. Well, I think that that makes most clinicians feel better. I am curious though, they're coming back into vogue, there's a number of new ones on the market. Any thoughts about putting them in, taking them out and where to go, to learn how to use these agents?

Jill Terrien:

Absolutely. So you have a lot of options in learning how to use these medical devices. Basically, the company representatives for the brands that we have that are recommended and FDA approved in the United States. You also could do, there are CME offerings and CE offerings around the country. There are pelvic models and trainers that can be used, and there is also, people are teaching each other within offices and large practices. Kind of a train the trainer model.

Dr. Domino:

Can you tell me a bit about your experience with putting them in and taking them out?

Jill Terrien:

Sure. So, I actually, as you talked about my background I do teach the nurse practitioner program and the LARCs are very, very popular in our adolescent clinics and our women's health sites where our students train. We've actually had a company that does the progesterone-releasing IUD come and bring pelvic trainers for our students to practice on, and also we had the contraceptive implant device company come and do a teaching session on that.

Dr. Domino:

So, that's interesting you raised up the second issue, the contraceptive implant. Again this was something that in the past was not well-received by patients. Any thoughts about the pros and cons or how to help a patient choose the implant versus the IUD?

Jill Terrien:

Right. So, I know what you're saying, Frank. I remember when the first device came out with multiple implants and that there were some issues with it. So, now this contraceptive implant is actually one small flexible rod that goes in a woman's upper arm. And it is done in the office with a local lidocaine anesthetic. It is not an incision to put it in, it actually comes in the device and is inserted quite easily in a non-dominant arm of the woman, and the key to that is that you want to feel and make sure you've got it in the right spot. And that you teach the woman to check for it on a regular basis. So that stays in that subdermal area.

Dr. Domino:

That's great. Any thoughts about how to help young women, or our 16-year-old patient choose an IUD versus an implant?

Jill Terrien:

So, I think that it's the full discussion on contraceptive methods overall and having that

discussion with them but the long-acting reversible contraceptive methods are really recommended by the American Academy of Physicians, the American College of Obstetrics and Gynecology. So, to choose between the two, I think it's a full discussion of how they're inserted and what the aftercare is for them and the length of time that they are active, because you do have a choice in the progesterone secreting IUDs that is a five-year versus a three-year and then with the contraceptive implant it is a three-year time period.

Dr. Domino:

Well, thank you, Jill. That's really interesting. My reading on this subject is that IUDs given to adolescents dramatically lower the rates of pregnancies, abortions, and other complications associated with teenage sexual activity. So they seem like a great option to me. Do you have any final thoughts or recommendations regarding counseling any adolescent on sexual activity?

Jill Terrien:

Yes. I think that it's a factual conversation and it's gaining their trust. So whether you're their regular provider that knows them well, that can open a door for you. Or if you are the provider in the clinic where they're coming to have counseling and make a decision point on contraception, I think it's just being there for them, telling them the risks, side effects, benefits of all options and helping them decide. It might be more than one visit. It might be an informational visit the first time and then actually coming back and doing the actual prescription of the contraception.

Dr. Domino:

So to summarize, long-acting reversible contraceptive agents are effective and safe in the adolescent and young adult population. They do not increase the risk of adverse events like infertility and infections and they lower the risk of unplanned pregnancies and elective terminations. Thanks, Jill, for coming and bringing this topic forward.

Jill Terrien:

Thank you, Frank.

Dr. Domino:

Join us next week when we discuss the use of oral corticosteroids for acute pharyngitis.